



**PROVIDER REPORT  
FOR**

**T.I.L.L.  
20 Eastbrook Rd.  
Dedham, MA 02026**

**September 12, 2022**

**Version**

**Public Provider Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

# SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	T.I.L.L.
<b>Review Dates</b>	7/11/2022 - 7/15/2022
<b>Service Enhancement Meeting Date</b>	7/28/2022
<b>Survey Team</b>	Meagan Caccioppoli Raquel Rodriguez Raymond Edi-Osagie Cheryl Hampton Lisa MacPhail (TL) Kayla Condon
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	23 location(s) 28 audit (s)	Targeted Review	DDS 26/28 Provider 65 / 65  91 / 93 2 Year License 07/28/2022-07/28/2024		DDS 2 / 4 Provider 83 / 83  85 / 87 Certified 07/28/2022 - 07/28/2024
Residential Services	14 location(s) 14 audit (s)			DDS Targeted Review	20 / 20
ABI-MFP Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Placement Services	3 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			DDS Targeted Review	19 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	4 location(s) 13 audit (s)	Targeted Review	DDS 20/23 Provider 54 / 54  74 / 77 2 Year License 07/28/2022-07/28/2024		DDS 0 / 0 Provider 42 / 42  42 / 42 Certified 07/28/2022 - 07/28/2024
Community Based Day Services	3 location(s) 9 audit (s)			Deemed	15/15(Provider)
Employment Support Services	1 location(s) 4 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

Towards Independent Living and Learning (T.I.L.L) is a human service agency that operates throughout Eastern Massachusetts and Southern New Hampshire. The agency offers services to individuals of all ages with intellectual disabilities, learning differences, mental health disorders, autism spectrum disorders (including Asperger's syndrome), physical disabilities, and acquired brain injuries. T.I.L.L offers these supports in 24/7 residential settings, Placement homes (shared living), Individual Housing supports, respite homes, Community Based Day services (CBDS) and employment services.

For this 2022 survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a targeted licensure and certification review of T.I.L.L's DDS Licensed services (27/7 residential, ABI 24/7 residential, IHS, Respite, Placement services), CBDS and employment supports. The scope of the review covered all the indicators that were not met at the agency's last survey, critical indicators, and new and changed indicators. T.I.L.L was offered and elected to conduct a self-assessment of all licensure and certification indicators in its DDS licensed services. The agency's CBDS service was deemed for certification in lieu of its CARF accreditation.

The survey results showed TILL's commitment to ensuring a stable and enhanced quality of life for the people it supports. This was evident in the way the agency prioritized the handling of abuse and neglect reporting and responses. Across agency sites, inspections were current, fire detection and monitoring systems were mostly effective, and safe evacuation drills in the event of an emergency for people it supports was a regular occurrence. The professionalism of TILL support and management staff was on full display during the survey and staff were observed to be knowledgeable of the needs of the people they support. Communication was an area of noteworthiness for the agency; this was observed to be both consistent and effective between individuals and the staff that supported them.

Within residential services (including ABI, IHS, Placement and Respite services), people were seen to be thriving in their living environments and communities. Houses where people reside had great upkeep, were clean, and were tastefully decorated to the preferences and styles of the people. The agency's systems for medication administration and management of people's healthcare needs were largely efficient. The survey highlighted TILL's capacity for improvement, including its use of stakeholder feedback to make improvements to service delivery. One such area was in behavior modifying medication treatment plans; improvements were noted in the quality and use of the plans to effect management and tapering of people's medication regimens. Regarding medical equipment that was being used to support people, staff was familiar with the use, information gathering and maintenance needs of the devices. In the area of funds management, where shared and/or delegated money management responsibilities existed, people had funds management plans in place that largely reflected the ongoing funds practices. As it relates to assistive technology, the agency had assistive technology assessments in place for people and many technologies were being used to promote independence; staff was also familiar with the technologies.

In the CBDS and employment programs, people were equally being supported to thrive. People were in various stages of return to employment post pandemic, but most people in CBDS and employment were active in employment related activities. The sites where services are offered had good upkeep, were clean, and decorated with artwork and other emblems that reflected the works of the people that participated there. The systems for medication administration and management of people's healthcare needs were equally efficient. As in residential, Behavior modifying medication treatment plans were well developed. Regarding medical equipment that was being used to support people, staff was familiar with the use, tracking and maintenance needs of the devices. As it relates to assistive technology, the CBDS and employment programs had the most comprehensive assistive technology assessments in place for people, a higher level of assistive technologies including various adaptive equipment were being used to promote independence, and staff were familiar with the technologies.

TILL evidenced support to people in many areas, but the survey revealed a few areas where greater attention is need. In the area of the ISP, greater effort needs to be put into ensuring that assessments and support strategies are developed and submitted within the required timeframe prior to ISP

meetings. The agency also needs to ensure that when restraints occur, the reports are entered and finalized in a timelier manner in HCSIS.

TILL's effective service delivery is well reflected in the agency's 2022 survey scores. The agency met 98% of residential licensing indicators and has earned a two-year license for the residential service grouping. It also met 96% of licensing indicators in employment and CBDS and has earned a two-year license for the employment/day service grouping. TILL will do its own follow-up of licensing indicators that were not met for both residential and Day services and submit the reports to the DDS office of Quality enhancement within 60 days of the SEM meeting. The agency met 98% of certification indicators and is certified for the residential service grouping. The agency is also certified for the employment/day service grouping as it met 100% of certification indicators in employment (CBDS was deemed).

## **Description of Self Assessment Process:**

TILL has well-defined and effective systems coupled with monitoring mechanisms designed to ensure the overall health, safety and growth of the individuals served. TILL's Senior Management Team meets biweekly to review overall agency policies and the implementation of procedures across all departments. The quality assurance throughout the agency directly correlates with a majority of the DDS standards and indicators that we are required to rate in this self-evaluation. TILL conducted a comprehensive review of the Organizational, Licensure and Certification indicators.

TILL utilizes a site review system with rotating checklists for program managers and coordinators to assess compliance within the areas directly associated with the DDS standards and indicators. For example, one month may be dedicated to a review of environmental areas at locations; the next month, health, medication and health-related supports, etc. The information is reviewed by the Director and action plans are put in place for correction. The Director of Quality Assurance and QA team conducts regular site audits in addition to the monthly checklists. These audits are a comprehensive review of all indicators and standards identified in the Residential Worksheet provided by DDS to providers. Environmental Safety areas are assessed both at location sites as well as through TILL's Facility Department and Safety Committee meeting agendas and minutes. The Director of Quality Assurance met with the Director of Facilities and reviewed the related standards. The Facility Department staff assess each location monthly and identify/report/correct any safety or environmental issues that arise. In addition to the monthly checklist, twice a year the Safety Committee distributes to each location a Site Safety Evaluation Checklist. This checklist is completed by the head of the program and returned to the Director of Facilities. All areas identified as needing improvement are reviewed by the team and a plan of correction is implemented. Required inspections are tracked and reviewed each month to ensure there are no lapses in inspections. Smoke and CO2 detectors are tested monthly as well as ensuring the overall locations are in good repair. There is a Facility Request List that is accessible to all locations and is accessible from any computer or smart phone. This list allows TILL administrators to spot patterns in issues the Property Managers are seeing regularly and monitor the repair timelines. The hot water indicator was an area TILL did not meet last survey. Since then, a monthly water report with temperature testing has been implemented and is required from each location. These water temperature reports go directly to the Director of Facilities and he/his department will address anything that is higher or lower than the 110 and 120 degree range. In addition to the required monthly water report, the facilities staff take water temperatures when they are out at sites and it is part of the checklist for audits when coordinators and/or the director review a site.

A sampling of 15% of newly hired employees in different positions and their required trainings was conducted. TILL utilizes the Relias platform for trainings and tracking purposes along with the agency database which generates the Expiration Dates report that each program location uses to ensure that required trainings do not lapse. Of the records reviewed, there were two employees who needed to complete one or more required trainings. The sampling demonstrates compliance with the indicators requiring that staff maintain mandatory trainings. In addition, the tracking system being used aids in assisting both the supervisor and employee in monitoring certification expiration dates. Employee screening and feedback documentation was available as well as supervision and performance evaluations.

A sampling of complaint resolutions from 2021 and 2022 were reviewed for timely responses to complaints as well as action plan follow through. The Director of Quality Assurance maintains all of the documentation. The DQA had 10 complaints randomly selected to review for compliance. TILL has a very effective system for complaint tracking and resolution. All records are maintained both electronically and physically. In each case, there was a documented review by TILL's Human Rights Committee. In addition, a quarterly review of complaints is conducted which includes representatives from the departments and HRC. The sampling of the 10 complaint resolutions showed timely responses to complaints, detailed investigation documentation and immediate action steps as well as timely implementation and documented action plans/resolutions.

Incident reporting and tracking is maintained and monitored by the Director of Systems Administration. Incident reports are reviewed and entered into HCSIS. A sampling of incident reports showed compliance in timely submissions for internal, HCSIS incident reports and medication error incident reports. Each month, the Incident Review Team (IRT) meets to review the incident reports for that month. The team includes the Director of Systems Administration, Director of Quality Assurance, Director and Assistant Director of Residential Services, Director of Day Services, Human Rights

Coordinator, Director of Health Services, Senior Director of Resource Development and TILL's Behaviorist. The team will make recommendations and review any areas where further information or clarification is needed.

The Human Rights Coordinator and the DQA reviewed two years of HRC quarterly agendas and meetings. All HRC meetings met the required quorum and timelines. All HRC agendas and minutes were present and include required reviews such as restraints, restrictive practices, medication treatment plans and behavior plans.

The Director of Quality Assurance reviewed the agency healthcare policies and Medication Administration Program (MAP) policies with the Director of Health Services. There is a system in place where monthly site medical checklists are completed and submitted to the designated RN. During the pandemic, this practice transitioned to a scheduled call or Zoom session each month. A review of changing needs, hospitalizations, change in medication(s), ISP related information was all shared to ensure that health and medical standards remained intact. In addition, program nurses conduct a complete MAP audit on medications and medical documentation twice a year with the program manager(s). A review of nurse on call system was conducted along with a review of the tracking system for Urgent Care (UC), Emergency Room (ER) and hospital admittances/discharges.

TILL conducts an annual satisfaction survey each year. This survey is distributed to service users, families/guardians and staff. The survey measures 7 distinct areas: staffing, leadership, physical environment, quality satisfaction, communication, diversity and employee recognition/growth. TILL's Internal Survey Team meets and reviews the information and discusses ways in which to enhance and refine services through what is gleaned from the feedback. In reviewing the past survey, it is evident that the process of soliciting and responding to feedback is well-developed and used to enhance and improve services.

There was a review of the agency financial policies and procedures with specific focus on Charges for Care (CFC), individuals' access to funds and Money Management Teaching Plans. It was evident through site audits that individuals had current Individual Finance releases with correct calculation determining CFC and had authorized signature(s). In addition, the system in which client funds are maintained was reviewed in the sample. In some cases, the required Individual Finance release form was not onsite but was easily accessed through TILL's Benefits Manager at the corporate office.

The Director of Quality Assurance and review team visited 30 locations and 5 program services were audited in TILL's self-assessment process: (20) Residential Services reviews, (2) ABI-MFP Residential Services reviews, (3) Placement Services, (2) In Home Supports and (3) CBDS locations. All of the license and certification indicators were reviewed - at the site level as well as individuals - using a sampling of 2 to 3 individuals at each of the sampled locations for gathering of information. The process took 4 months to complete and demonstrates an impressive example of the high standards throughout the agency and its program models. The information was reviewed by the team and indicators were rated. Any indicator with 80% was a standard met. In review, there were a number of late ISP requests by DDS for assessments and/or support strategies resulting in TILL's being late in submitting the materials. These were not included when scoring these two indicators as they were factors beyond TILL's control. In the sample, TILL met the timelines for submitting required assessments and support strategies within the required timeframes. The certification indicators were reviewed as part of the overall site location visits. These indicators were rated by individual (not by location) and through a variety of documented assessments and staff/manager interviews. Evidence of compliance was comprised of accurate and complete assessments such as Sexuality Assessments, Individual Reviews, Assistive Technology Assessments, Self-Medication Assessments, ISP's, Community and Activity Interests. Throughout the reviews, evidence of opportunities for choice-making and preferences was documented. The team looked over house meeting and staff meeting agendas and minutes to support that these areas are part of the culture within the various locations. Each certification indicator was assessed requiring documentation/evidence that the measure is achieved. The overall sample supports a met rating for the indicators assessed.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Residential and Individual Home Supports</b>	82/83	1/83	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	91/93	2/93	98%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		2	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Employment and Day Supports</b>	65/67	2/67	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	74/77	3/77	96%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		3	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	At 3 locations, restraints were not reported and/or finalized within the required timelines. The agency needs to report and finalize restraints on HCSIS within the required timelines.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five individuals, required assessments for the ISP were not prepared and submitted within the required timeframe. The agency needs to prepare and submit required assessments for the ISP at least 15 days before the ISP meeting.

**Residential Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L63	Medication treatment plans are in written format with required components.	Behavior modifying medication treatment plans was an area of improvement for TILL. The agency invested a lot of time and effort towards ensuring that the plans were well developed with all components in place; staff were well trained on the plans; data was collected and shared with prescribers; and in some cases, medication doses were reduced or some medication outright discontinued based on the data shared with Physicians.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three individuals, required assessments for the ISP were not prepared and submitted within the required timeframe. The agency needs to prepare and submit required assessments for the ISP at least 15 days before the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four individuals, support strategies for the ISP were not prepared and submitted within the required timeframe. The agency needs to prepare and submit support strategies for the ISP at least 15 days before the ISP meeting.

## CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 2/4 Provider 77/77</b>	<b>79/81</b>	<b>2/81</b>	
ABI-MFP Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Individual Home Supports	DDS 2/4 Provider 17/17	19/21	2/21	
Placement Services	DDS 0/0 Provider 20/20	20/20	0/20	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Respite Services		0/0	0/0	
<b>Total</b>		<b>85/87</b>	<b>2/87</b>	<b>98%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 0/0 Provider 36/36</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	Provider (also Deemed)	15/15	0/15	
Employment Support Services	DDS 0/0 Provider 21/21	21/21	0/21	
<b>Total</b>		<b>42/42</b>	<b>0/42</b>	<b>100%</b>
<b>Certified</b>				

**Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One individual was not supported to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to ensure that individual's are supported to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.
C17	Community activities are based on the individual's preferences and interests.	One individual was not engaging in community activities that were based on their identified interest and preferences. The agency needs to offer the support needed for individuals to engage in community activities that are based on the individual's preferences and interests.

## MASTER SCORE SHEET LICENSURE

Organizational: T.I.L.L.

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	27/27	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	DDS	8/11	Not Met(72.73 % )
L66	HRC restraint review	DDS	11/11	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-	-	-	-	-	Met
L3	Immediate Action	L	Provider	-	-	-	-	-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	13/14	2/2	3/3	1/1	2/2		21/22	Met (95.45 %)
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	14/14	2/3	3/3	2/2	5/6		26/28	Met (92.86 %)
L9 (07/21)	Safe use of equipment	I	DDS	14/14	3/3		2/2	6/6		25/25	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L10	Reduce risk interventions	I	Provider	-	-	-	-	-	-	-	Met
☞ L11	Required inspections	L	DDS	14/14	1/1	3/3	1/1	2/2		21/21	Met
☞ L12	Smoke detectors	L	DDS	14/14	0/1	3/3	1/1	2/2		20/21	Met (95.24%)
☞ L13	Clean location	L	DDS	14/14	1/1	3/3	1/1	2/2		21/21	Met
L14	Site in good repair	L	Provider	-	-	-	-	-	-	-	Met
L15	Hot water	L	DDS	14/14	1/1	0/3	1/1	2/2		18/21	Met (85.71%)
L16	Accessibility	L	Provider	-	-	-	-	-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-	-	-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-	-	-	-	-	Met
L19	Bedroom location	L	DDS			1/1				1/1	Met
L20	Exit doors	L	Provider	-	-	-	-	-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-	-	-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-	-	-	-	-	Met
L24	Locked door access	L	DDS		1/1	2/2				3/3	Met
L25	Dangerous substances	L	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider	-	-	-	-	-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-	-	-	-	-	Met
L28	Flammables	L	Provider	-	-	-	-	-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-	-	-	-	-	-	Met
L30	Protective railings	L	Provider	-	-	-	-	-	-	-	Met
L31	Communication method	I	Provider	-	-	-	-	-	-	-	Met
L32	Verbal & written	I	Provider	-	-	-	-	-	-	-	Met
L33	Physical exam	I	Provider	-	-	-	-	-	-	-	Met
L34	Dental exam	I	Provider	-	-	-	-	-	-	-	Met
L35	Preventive screenings	I	Provider	-	-	-	-	-	-	-	Met
L36	Recommended tests	I	Provider	-	-	-	-	-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-	-	-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	11/12		1/1	1/1	5/6		18/20	Met (90.0%)
L39	Dietary requirements	I	Provider	-	-	-	-	-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-	-	-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-	-	-	-	-	Met
L42	Physical activity	L	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	Provider	-	-	-	-	-	-	-	Met
L44	MAP registration	L	Provider	-	-	-	-	-	-	-	Met
L45	Medication storage	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	14/14		1/2	1/1	6/6		22/23	Met (95.65%)
L47	Self medication	I	Provider	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	14/14	3/3	3/3	2/2	6/6		28/28	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	DDS	14/14	2/2	3/3	2/2	6/6		27/27	Met
L55	Informed consent	I	Provider	-	-	-	-	-	-	-	Met
L56	Restrictive practices	I	DDS	4/5			2/2	2/3		8/10	Met (80.0%)
L57	Written behavior plans	I	Provider	-	-	-	-	-	-	-	Met
L58	Behavior plan component	I	Provider	-	-	-	-	-	-	-	Met
L59	Behavior plan review	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L60	Data maintenance	I	Provider	-	-	-	-	-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-	-	-	-	-	Met
L62	Health protection review	I	Provider	-	-	-	-	-	-	-	Met
L63	Med. treatment plan form	I	DDS	12/12		2/3		6/6		20/21	Met (95.24%)
L64	Med. treatment plan rev.	I	DDS	9/12		2/3		6/6		17/21	Met (80.95%)
L67	Money mgmt. plan	I	DDS	13/14	1/1	3/3		4/6		21/24	Met (87.50%)
L68	Funds expenditure	I	Provider	-	-	-	-	-	-	-	Met
L69	Expenditure tracking	I	DDS	13/14		2/3	1/1	5/6		21/24	Met (87.50%)
L70	Charges for care calc.	I	Provider	-	-	-	-	-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-	-	-	-	-	-	Met
L77	Unique needs training	I	Provider	-	-	-	-	-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-	-	-	-	-	-	Met
L79	Restraint training	L	Provider	-	-	-	-	-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L	Provider	-	-	-	-	-	-	-	Met
L82	Medication admin.	L	DDS	14/14			1/1	2/2		17/17	Met
L84	Health protect. Training	I	Provider	-	-	-	-	-	-	-	Met
L85	Supervision	L	Provider	-	-	-	-	-	-	-	Met
L86	Required assessments	I	DDS	8/10	1/3	0/1		6/6		15/20	Not Met (75.00%)
L87	Support strategies	I	DDS	9/11	2/2	0/1		6/6		17/20	Met (85.00%)
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-	-	-	-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	Provider	-	-	-	-	-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	14/14	3/3	3/3	2/2	6/6		28/28	Met
L94 (05/22)	Assistive technology	I	DDS	12/13	3/3	2/2	0/2	6/6		23/26	Met (88.46%)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	DDS	9/9	2/2	1/1	2/2	5/5		19/19	Met
L99 (05/22)	Medical monitoring devices	I	DDS	1/1	1/1			1/1		3/3	Met
<b>#Std. Met/# 83 Indicator</b>										82/83	
<b>Total Score</b>										91/93	
										97.85%	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	DDS	1/1		3/3	4/4	Met
Ⓡ L6	Evacuation	L	DDS	1/1		3/3	4/4	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	4/4		9/9	13/13	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			3/3	3/3	Met
Ⓡ L12	Smoke detectors	L	DDS			3/3	3/3	Met
Ⓡ L13	Clean location	L	DDS			3/3	3/3	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS			4/5	4/5	Met (80.0 %)
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			5/5	5/5	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	4/4		9/9	13/13	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	4/4		9/9	13/13	Met
L55	Informed consent	I	DDS	4/4		9/9	13/13	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L58	Behavior plan component	I	Provider		-	-	-	Met
L59	Behavior plan review	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	DDS			1/1	1/1	Met
L64	Med. treatment plan rev.	I	DDS			1/1	1/1	Met
L67	Money mgmt. plan	I	Provider		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-	-	Met
L72	DOL requirements	I	Provider		-	-	-	Met
L73	DOL certificate	L	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS			3/3	3/3	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	3/3		6/9	9/12	Not Met (75.00 %)
L87	Support strategies	I	DDS	3/3		5/9	8/12	Not Met (66.67 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS			3/3	3/3	Met
L93 (05/22)	Emergency back-up plans	I	DDS	4/4		9/9	13/13	Met
L94 (05/22)	Assistive technology	I	DDS	4/4		9/9	13/13	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	4/4		9/9	13/13	Met
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
<b>#Std. Met/# 67 Indicator</b>							<b>65/67</b>	
<b>Total Score</b>							<b>74/77</b>	
							<b>96.10%</b>	

**MASTER SCORE SHEET CERTIFICATION**

### Certification - Planning and Quality Management

	<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
	C1	Provider data collection	Provider	-	<b>Met</b>
	C2	Data analysis	Provider	-	<b>Met</b>
	C3	Service satisfaction	Provider	-	<b>Met</b>
	C4	Utilizes input from stakeholders	Provider	-	<b>Met</b>
	C5	Measure progress	Provider	-	<b>Met</b>
	C6	Future directions planning	Provider	-	<b>Met</b>

### Residential Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

### ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

### Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met

## Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

## Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	DDS	3/3	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	3/3	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	DDS	2/3	<b>Not Met (66.67 %)</b>
C17	Community activities	DDS	2/3	<b>Not Met (66.67 %)</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C21	Coordinate outreach	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>
C39 (07/21)	Support needs for employment	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>

### Employment Support Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>